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Number of Pages (including this page)

Date: 04/10/2006
To: Commissioner for Patents
Location: United States Patent and Trademark Office
Fax No.: (571) 273-8300
From: Hisashi D. Watanabe Registration No. 37,465
Subject: **Serial No. 10/692,634** Docket No. CS21907RA

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MESSAGE:

Enclosed herewith, please find:

- ☒ Amendment (13 pages)
- ☒ Amendment Transmittal Form
- ☒ Fee Transmittal Form
- ☐ Petition for Extension of Time

PLEASE GIVE THESE PAPERS TO:

EXAMINER:
GROUP ART UNIT:
SERIAL NO.:
FILED:
INVENTOR:

Huang, Wen Wu
2682
10/692,634
10/24/2003
Brown, Daniel P. et al.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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ADMENDMENT TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/692,634
	Filing Date	10/24/2003
	First Named Inventor	Brown, Daniel P. et al.
	Group Art Unit	2682
	Examiner Name	Huang, Wen Wu
	Attorney Docket Number	CS21907RA

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Response to Missing Parts Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
Remarks:		

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or ☐ Correspondence address below

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	600 North U.S. Highway 45, AN475		
City: Libertyville	State: Illinois	Zip Code:	60048
Country: USA	Telephone: 847-523-2322	Fax:	847-523-2350

Name (Print/Type) Hisashi D. Watanabe

Registration No. 37,465

Signature

Date

04/10/06

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent Office at (571) 273-8300 on this date:
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Typed or printed name: Jennifer Magness

Date 04/10/2006

Signature

FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known Application Number: 10/692,634 Filing Date: 10/24/2003 First Named Inventor: Brown, Daniel P. et al. Examiner Name: Huang, Wen Wu Group Art Unit: 2682 Attorney Docket No.: CS21907RA	
TOTAL AMOUNT OF PAYMENT		(\$) 0.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																															
Check	Credit card	Money Order	Other																																																														
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																	
FEE CALCULATION		4. ADDITIONAL FEES																																																															
1. BASIC FILING, SEARCH, AND EXAMINATION FEES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>		Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>25</td> </tr> <tr> <td>200</td> <td>100</td> </tr> <tr> <td>360</td> <td>180</td> </tr> </tbody> </table>		Fee (\$)	Small Entity Fee (\$)	50	25	200	100	360	180
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2. EXTRA CLAIM FEES Each claim over 25 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple Dependent Claims <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> HP = highest number of total claims paid for, if greater than 3 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	0	0	0	0	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	0	0	0	0	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>360</td> <td>360</td> <td></td> </tr> </tbody> </table>		Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	360	360																																									
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity) For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e). <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	0	0	0	0	0	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td></td> </tr> </tbody> </table>		Fee Paid (\$)																																																			
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SUBMITTED BY		5. OTHER FEE(S) (specify)																																																															
Name (Print/Type): Masashi D. Watanabe Signature: <i>Masashi D. Watanabe</i>		Non-English Specification: \$130 fee (no small entity discount) Fee Paid (\$):																																																															
Registration No.: 37,465 Date: 04/10/06		Telephone: 847-623-2322																																																															

Serial No. 10/692,634

Attorney Docket No. CS21907RA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RECEIVED
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Application No.: 10/692,634

Confirmation No.: 8650

Applicant(s): Brown, Daniel P., et al.

Examiner: Huang, Wen Wu

Filed: October 24, 2003

Docket No.: CS21907RA

TC/A.U.: 2682

Customer No.: 20280

Title: SYSTEM AND METHOD FOR INCIDENT REPORTING,
INFORMATION GATHERING, RECONSTRUCTING AND
ALERTING

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL

Sir:

In response to the Office Action of February 9, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.